

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.	FILING DATE					
							10 571 729						
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/					51							
2		/				52							
3		2				53							
4		11				54							
5	/					55							
6	/					56							
7	/					57							
8	/					58							
9						59							
10						60							
11		/				61							
12		/				62							
13		/				63							
14		/				64							
15		/				65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.			1			TOTAL IND.							
TOTAL DEP.		8				TOTAL DEP.							
TOTAL CLAIMS		9				TOTAL CLAIMS							